



## STATE OF ILLINOIS

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Facility Name & ID Number Alden Long Grove Rehab & HC Ctr# 0040683 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>4,456</u>	<u>1,454</u>	<u>4,364</u>	<u>10,274</u>	8
9	SNF/PED					9
10	ICF	<u>40,106</u>	<u>1,927</u>	<u>286</u>	<u>42,319</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,562</u>	<u>3,381</u>	<u>4,650</u>	<u>52,593</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 58.10%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)day care

F. Does the facility maintain a daily midnight census?

yesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☐NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started

3/1/95

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 3/1/95NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified

95

and days of care provided

4,111Medicare Intermediary Administar Federal

## IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH\* ☐CASH\* ☐

Is your fiscal year identical to your tax year?

YES ☐NO ☐Tax Year: 12/31/03Fiscal Year: 12/31/03

\* All facilities other than governmental must report on the accrual basis.

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	291,727	35,671	6,600	333,998	1,195	335,193		335,193		1
2	Food Purchase		322,139		322,139	(30,989)	291,150	(6,877)	284,273		2
3	Housekeeping	189,493	40,124		229,617	483	230,100		230,100		3
4	Laundry	37,923	16,673		54,596	109	54,705		54,705		4
5	Heat and Other Utilities			173,952	173,952		173,952	(23,630)	150,322		5
6	Maintenance	58,275	33	202,176	260,484		260,484	14,105	274,589		6
7	Other (specify):* Security			84	84		84		84		7
8	<b>TOTAL General Services</b>	577,418	414,640	382,812	1,374,870	(29,202)	1,345,668	(16,402)	1,329,266		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			46,500	46,500		46,500		46,500		9
10	Nursing and Medical Records	2,538,513	194,763	5,962	2,739,238	3,769	2,743,007	(58,776)	2,684,231		10
10a	Therapy	47,738			47,738		47,738		47,738		10a
11	Activities	54,609	1,722	5,941	62,272	110	62,382	(6,111)	56,271		11
12	Social Services	36,384			36,384		36,384		36,384		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,677,244	196,485	58,403	2,932,132	3,879	2,936,011	(64,887)	2,871,124		16
	<b>C. General Administration</b>										
17	Administrative	123,012			123,012		123,012		123,012		17
18	Directors Fees										18
19	Professional Services			555,456	555,456		555,456	(509,511)	45,945		19
20	Dues, Fees, Subscriptions & Promotions			61,011	61,011		61,011	(45,081)	15,930		20
21	Clerical & General Office Expenses	407,742	19,154	82,269	509,165	289	509,454	(12,396)	497,058		21
22	Employee Benefits & Payroll Taxes			426,146	426,146	25,034	451,180	55,043	506,223		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,560	4,560		4,560	10,981	15,541		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			186,085	186,085		186,085	255	186,340		26
27	Other (specify):* bad debt			58,795	58,795		58,795	(58,795)			27
28	<b>TOTAL General Administration</b>	530,754	19,154	1,374,322	1,924,230	25,323	1,949,553	(559,504)	1,390,049		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,785,416	630,279	1,815,537	6,231,232		6,231,232	(640,793)	5,590,439		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## STATE OF ILLINOIS

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Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

#0040683

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			113,603	113,603		113,603	14,086	127,689			30
31	Amortization of Pre-Op. & Org.							1,560	1,560			31
32	Interest			482,383	482,383		482,383	(429,106)	53,277			32
33	Real Estate Taxes			107,738	107,738		107,738	6,336	114,074			33
34	Rent-Facility & Grounds			1,881,307	1,881,307		1,881,307		1,881,307			34
35	Rent-Equipment & Vehicles			11,275	11,275		11,275	20,240	31,515			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,596,306	2,596,306		2,596,306	(386,884)	2,209,422			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		263,065	365,295	628,360		628,360	(17,289)	611,071			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		263,065	501,075	764,140		764,140	(17,289)	746,851			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,785,416	893,344	4,912,918	9,591,678		9,591,678	(1,044,966)	8,546,712			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
	Amount	Refer-	OHF USE	
NON-ALLOWABLE EXPENSES		ence	ONLY	
1 Day Care	\$ (6,111)	11	\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals				4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation				9
10 Interest and Other Investment Income	(269)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax	(1,145)	2		13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees	(42,940)	21		17
18 Fines and Penalties	(3,566)	32		18
19 Entertainment				19
20 Contributions	(1,432)	20		20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers	(9,803)	19		22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(58,795)	27		24
25 Fund Raising, Advertising and Promotional	(40,566)	20		25
Income Taxes and Illinois Personal				
Property Replacement Tax				26
27 Nurse Aide Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule				29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (164,627)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
Amortization of Organization &			
33 Pre-Operating Expense			33
Adjustments for Related Organization			
34 Costs (Schedule VII)	(361,369)	Various	34
35 Other- Attach Schedule	(518,970)	Pg 5A	35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ (880,339)		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B) )	\$ (1,044,966)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		x	\$		38
39		x			39
40 Gift and Coffee Shops		x			40
41 Barber and Beauty Shops		x			41
42 Laboratory and Radiology		x			42
43 Prescription Drugs		x			43
44 Exceptional Care Program		x			44
45 Other-Attach Schedule		x			45
46 Other-Attach Schedule		x			46
47 TOTAL (C): (sum of lines 38-46)			\$		47

Alden Long Grove Rehab & HC Ctr

ID# 0040683

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Back out addnl. Depreciation	\$ (102)	30 1
2	Reclass vendor settlements from Line 21 to Line 6	(1,000)	10 2
3	Reclass vendor settlements from Line 21 to Line 6	1,000	21 3
4	Back out prior yr cr adj in 7143 for agency	1,000	10 4
5	Reclass vendor settlements from Line 21 to Line 10	(11,744)	6 5
6	Reclass vendor settlements from Line 21 to Line 10	11,744	21 6
7	Back out prior yr cr adj in 7143 for HVAC Repairs	11,744	6 7
8	Depreciation on Deferred Maintenance "Painting" (Pg 22)	3,805	6 8
9	Illinois Healthcare Association-Pac Fees : 30.13%	(3,579)	20 9
10	Back out Marketing Salaries	(31,546)	21 10
11	Late fees on utilities	(1,457)	5 11
12	Back out 1998-2001 adjustment for Commonwealth Edisc	(16,974)	5 12
13	Back out 2002 adjustment for Commonwealth Edison (GI	(8,471)	5 13
14	Intercompany Interest (GL 7031 Fas Interest)	(469,524)	32 14
15	Back out Miscellaneous Income-The Products Group (GL	(682)	21 15
16	Back out Miscellaneous Income-Vending Machine Co (G	(713)	2 16
17	Depreciation on Alden Bennett invoice	1,783	30 17
18	Marketing Employ. Benefits deduction	(4,254)	22 18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(518,970)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,858)	0	0	(5,019)	0	0	0	0	0	0	0	(6,877)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(26,902)	0	3,272	0	0	0	0	0	0	0	0	(23,630)	5
6	Maintenance	3,805	0	10,624	0	0	0	(37)	(287)	0	0	0	14,105	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(24,955)</b>	<b>0</b>	<b>13,896</b>	<b>(5,019)</b>	<b>0</b>	<b>0</b>	<b>(37)</b>	<b>(287)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(16,402)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(58,136)	(640)	0	0	0	0	0	0	(58,776)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(6,111)	0	0	0	0	0	0	0	0	0	0	(6,111)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(6,111)</b>	<b>0</b>	<b>0</b>	<b>(58,136)</b>	<b>(640)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(64,887)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,803)	0	(499,708)	0	0	0	0	0	0	0	0	(509,511)	19
20	Fees, Subscriptions & Promotions	(45,577)	0	496	0	0	0	0	0	0	0	0	(45,081)	20
21	Clerical & General Office Expenses	(62,424)	0	29,166	15,568	5,294	0	0	0	0	0	0	(12,396)	21
22	Employee Benefits & Payroll Taxes	(4,254)	0	58,090	0	1,207	0	0	0	0	0	0	55,043	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	10,981	0	0	0	0	0	0	0	0	10,981	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	255	0	0	0	0	0	0	0	0	255	26
27	Other (specify):*	(58,795)	0	0	0	0	0	0	0	0	0	0	(58,795)	27
28	<b>TOTAL General Administration</b>	<b>(180,853)</b>	<b>0</b>	<b>(400,720)</b>	<b>15,568</b>	<b>6,501</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(559,504)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(211,919)</b>	<b>0</b>	<b>(386,824)</b>	<b>(47,587)</b>	<b>5,861</b>	<b>0</b>	<b>(37)</b>	<b>(287)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(640,793)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	<b>D. Ownership</b>												
30	Depreciation	1,681	0	10,584	0	1,821	0	0	0	0	0	0	14,086 30
31	Amortization of Pre-Op. & Org.	0	0	1,477	0	0	83	0	0	0	0	0	1,560 31
32	Interest	(473,359)	0	43,643	0	485	125	0	0	0	0	0	(429,106) 32
33	Real Estate Taxes	0	0	6,134	0	202	0	0	0	0	0	0	6,336 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	0	0	20,240	0	0	0	0	0	0	0	0	20,240 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	<b>TOTAL Ownership</b>	<b>(471,678)</b>	<b>0</b>	<b>82,078</b>	<b>0</b>	<b>2,508</b>	<b>208</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(386,884) 37</b>
	<b>Ancillary Expense</b>												
	<b>E. Special Cost Centers</b>												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(17,425)	(22,393)	22,529	0	0	0	0	0	(17,289) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,425)</b>	<b>(22,393)</b>	<b>22,529</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,289) 44</b>
	<b>GRAND TOTAL COST</b>												
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(683,597)</b>	<b>0</b>	<b>(304,746)</b>	<b>(65,012)</b>	<b>(14,024)</b>	<b>22,737</b>	<b>(37)</b>	<b>(287)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,044,966) 45</b>



VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Mangement Services	100%	See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 management fees	\$ 514,228	Alden Management Services		\$	\$ (514,228) 15
16	V	22 employee benefits		Alden Management Services		58,090	58,090 16
17	V	19 professional fees		Alden Management Services		14,520	14,520 17
18	V	21 gen'l & admin		Alden Management Services		29,166	29,166 18
19	V	5 utilities		Alden Management Services		3,272	3,272 19
20	V	6 maintenance		Alden Management Services		10,624	10,624 20
21	V	24 travel & seminar		Alden Management Services		10,981	10,981 21
22	V	26 insurance		Alden Management Services		255	255 22
23	V	20 dues & subscriptions		Alden Management Services		496	496 23
24	V	30 depreciation		Alden Management Services		10,584	10,584 24
25	V	31 amortization		Alden Management Services		1,477	1,477 25
26	V	33 real estate tax		Alden Management Services		6,134	6,134 26
27	V	34 rent-facilities		Alden Management Services			
28	V	35 rent-equip & vehicles		Alden Management Services		20,240	20,240 28
29	V	32 interest		Alden Management Services		43,643	43,643 29
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 514,228			\$ 209,482	\$ * (304,746) 39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 tube-feeding	\$ 19,417	Pyramid Health Care		\$ 14,398	\$ (5,019)
16	V	10 nursing supplies	63,854			5,718	(58,136)
17	V	39 per diems/other supplies	37,880			20,455	(17,425)
18	V	21 gen'l&admin				15,568	15,568
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 121,151			\$ 56,139	\$ * (65,012)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 drugs	\$ 80,732	Forum Extended Care II		\$ 68,203	\$ (12,529)
16	V	10 house stock	4,122	Forum Extended Care II		3,482	(640)
17	V	39 I. V.	63,564	Forum Extended Care II		53,700	(9,864)
18	V	22 employee benefits		Forum Extended Care II		1,207	1,207
19	V	21 gen'l & admin		Forum Extended Care II		5,294	5,294
20	V	32 interest		Forum Extended Care II		485	485
21	V	33 real estate tax		Forum Extended Care II		202	202
22	V	30 depreciation		Forum Extended Care II		1,821	1,821
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 148,418			\$ 134,394	\$ * (14,024)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 therapy	\$ 366,993	Community Physical Therapy		\$ 389,522	\$ 22,529
16	V	32 interest		Community Physical Therapy		125	125
17	V	31 amortization		Community Physical Therapy		83	83
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 366,993			\$ 389,730	\$ * 22,737

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 repairs and maintenance	\$ 11,364	Alden Bennett Construction		\$ 11,327	\$ (37)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 11,364			\$ 11,327	\$ * (37)

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 CARPET CLEANING	\$ 536	ALDEN REALTY - CARPET CARE		\$ 499	\$ (37)	15
16	V	6 FLOOR CLEANING	4,410	ALDEN REALTY - FLOOR CARE		4,160	(250)	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 4,946			\$ 4,659	\$ * (287)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

## STATE OF ILLINOIS

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Facility Name &amp; ID Number ALDEN NURSING CENTER - Long Grove

# 004-0683

Report Period Beginning 01/01/03

Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Lincoln Park	Chicago
ANC Heather	Harvey
ANC Waterford	Aurora
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living



## STATE OF ILLINOIS

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Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	329,547	1.964	4.91	SALARY	\$ 17,005	17-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	82,793	1.964	4.91	SALARY	4,272	10-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	80,063	1.964	4.91	SALARY	4,131	6-1	3
4											4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 25,408		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr # 0040683 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Mangement Services, Inc.  
 Street Address 4200 W. Peterson Ave.  
 City / State / Zip Code Chicago, IL 60646  
 Phone Number ( 773 ) 286-3883  
 Fax Number ( 773 ) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	see page 8A ( also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6	related party-ams& ams Therap	x		working capital							52,936	6	
7	related party-cpt	x		working capital							125	7	
8	related party-fecII	x		working capital							485	8	
9	TOTAL Facility Related						\$	\$			\$ 53,546	9	
	B. Non-Facility Related*												
10	offset Interest expense with Interest Income (GL4964,4983)										(269)	10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (269)	14	
15	TOTALS (line 9+line14)						\$	\$			\$ 53,277	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

## B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	106,500	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	105,538	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(962)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	108,700	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	107,738	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	1998	90,656	8		
	1999	88,811	9		
	2000	93,552	10		
	2001	103,443	11		
	2002	105,538	12		
accrual based on 3% increase over prior yr bill.					
				13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

## NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Long Grove Rehab & HC Ctr COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>14-08-419-040-0000</u>	<u>Nursing Home Facility</u>	\$ <u>105,538.39</u>	\$ <u>105,538.39</u>
2. _____	<u>Related Party - Alden Management</u>	\$ <u>125,008.00</u>	\$ <u>6,134.00</u>
3. _____	<u>Related Party - Forum</u>	\$ <u>8,317.00</u>	\$ <u>202.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>238,863.39</u></u>	\$ <u><u>111,874.39</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        YES   x   NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

X. BUILDING AND GENERAL INFORMATION:

A.
Square Feet:
89,632

B. General Construction Type:

Exterior
brick

Frame
steel

Number of Stories
2

C.
Does the Operating Entity?

☐ (a) Own the Facility
☐ (b) Rent from a Related Organization.
☒ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.
Does the Operating Entity?

☐ (a) Own the Equipment
☐ (b) Rent equipment from a Related Organization.
☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.
List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F.
Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning:

01/01/2003 Ending: 12/31/2003

**XL OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Related party-Forum		1978	\$ 15,909	\$	22	\$	\$	\$ 15,909	4
5											5
6											6
7											7
8											8
		Improvement Type**									
9		SHELVING		1995	5,122	256	20	256		2,241	9
10		ROOF REPAIR		1995	3,000	300	10	300		2,600	10
11		STEAMER REPAIR		1995	2,686	269	10	269		2,328	11
12		EXIT DOOR-FIRE		1995	4,225	282	15	282		2,371	12
13		REPAIR BOILER/HVAC-MAJ.REP.		1995	4,712		5			4,712	13
14		PIPE/VALVE/THERMOSTAT		1996	1,460	73	20	73		602	14
15		ELECTRICAL REPAIR/INSTALLATION		1996	2,110	106	20	106		835	15
16		SIGN		1996	7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER		1996	7,464	746	10	746		5,723	17
18		WALLGUARD		1996	2,096	140	15	140		1,048	18
19		INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		12,516	19
20		REPLACE CONDENSOR WALK IN COOLER		1996	5,514	551	10	551		4,090	20
21		INSTALL ALUM. LOGO		1996	1,995	166	12	166		1,372	21
22		DESIGN SERVICE		1996	8,100	405	20	405		2,936	22
23		WASHROOM IMPROVEMENTS		1996	2,186	109	20	109		802	23
24		PIPING-MAJ.REP.		1996	4,000	267	15	267		1,889	24
25		PIPING-MAJ.REP.		1996	3,500	233	15	233		1,692	25
26		ATASH(replaced heat detector&fire dampers)		1997	959		5			959	26
27		ATASH(installed access panels)		1997	924		5			924	27
28		ATASH( fire alarm repairs)		1997	2,212		5			2,212	28
29		CLIMATE(installation of water heaters)		1997	7,342		5			7,342	29
30		CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568	30
31		Wally's flooring(install new tiles).		1997	2,659		5			2,659	31
32		ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072	32
33		ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062	33
34		Climate srvc( two water heater)		1997	15,600		5			15,600	34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

## STATE OF ILLINOIS

Page 12A

Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning:

01/01/2003 Ending: 12/31/2003

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207		37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204		38
39	Climate(install compressor)	1997	6,750		5			6,750		39
40	Star contractor(door frame)	1997	2,973		5			2,973		40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659		41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354		42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542		43
44	DOOR	1997	3,109	311	10	311		2,098		44
45	INSTALL NEW DROP CEILING	1997	2,175	181	12	181		1,223		45
46	DESIGN SERVICES	1997	931	47	20	47		322		46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		3,196		47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752	29	5	29		1,752		48
49	REPLACE BOILER	1998	4,253	212	20	212		1,255		49
50	REPAIR PUMP MOTOR	1998	3,312	55	5	55		3,312		50
51	REPAIR DRYERS	1998	2,534	253	10	253		1,478		51
52	REPAIR EMERGENCY CIRCUITS	1998	1,510	151	10	151		881		52
53	REPAIR EMERGENCY LIGHTING SYSTEM	1998	273	27	10	27		160		53
54	REPLAC E COMPRESSOR	1998	1,301	130	10	130		759		54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		3,792		55
56	REPLACE HOT WATER HEATER	1998	2,200	220	10	220		1,210		56
57	REPAIR GENERATOR	1998	5,228	349	15	349		1,859		57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		351		58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		177		59
60		1998	1,738	116	15	116		599		60
61										61
62										62
63										63
64										64
65										65
66										66
67										67
68										68
69										69
70	TOTAL (lines 4 thru 69)		\$ 240,017	\$ 9,010		\$ 9,010	\$	\$ 169,406		70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 240,017	\$ 9,010		\$ 9,010	\$	\$ 169,406	1
2	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		6,458	2
3	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720	572	10	572		2,812	3
4	Hobart(repair dishwasher)	1999	2,560	256	10	256		1,216	4
5	Climate Service (pipework for boiler and storage tank)	1999	2,032	406	5	406		1,931	5
6	D.B.S. Contracting (need invoice)	1999	3,425	343	10	343		1,570	6
7	Chicago Cooling (repair pump)	1999	2,482	496	5	496		2,275	7
8	AMC Building Material	1999	4,544	454	10	454		2,083	8
9	AMC Sprinklers	1999	4,238	424	10	424		1,872	9
10	Svstem Electric(generator repair)	1999	2,720	272	10	272		1,156	10
11	Patten Industries(install starter)	1999	5,495	550	10	550		2,336	11
12	AMC Building Material	1999	2,063	206	10	206		877	12
13	Fox Vallev(sprinkler repair)	1999	1,803	120	15	120		501	13
14	Alden Bennet Cons.install tank)	1999	6,281	628	10	628		2,565	14
15	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		5,585	15
16	AMC Security system	1999	7,273	727	10	727		2,970	16
17	AMC carpentrv	1999	9,435	943	10	943		3,853	17
18	Climate Service (repair HVAC)	1999	9,358	936	10	936		3,821	18
19	ABC-construction mainten. Adjustment-various	1999	6,129	409	10	409		1,770	19
20	Climate services (A/C REPAIR)	2000	2,482	496	5	496		1,986	20
21	US foodservice (Steam table for fine dining room)	2000	9,816	654	15	654		2,563	21
22	B&L Locksmith (knob set)	2000	3,750	250	15	250		958	22
23	Alden Bennett Construction (major repairs)	2000	1,791	358	5	358		1,254	23
24	D.B.S. Contracting (repair lawn sprikler system)	2000	1,635	327	5	327		1,145	24
25	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285	457	5	457		1,600	25
26	Alden Bennett Construction (major repairs)	2000	2,907	291	10	291		969	26
27	Alden Bennett Construction (time & material billing per fac)	2000	2,315	231	10	231		714	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 409,587	\$ 22,499		\$ 22,499	\$	\$ 226,242	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 409,587	\$ 22,499		\$ 22,499	\$	\$ 226,242	1
2	alden design-architectural/designing	2000	2,628	131	20	131		449	2
3	alden design-architectural/designing	2000	3,300	165	20	165		564	3
4	ABC-time & materials-maj. Leasehold improv-various	2000	2,110	141	15	141		469	4
5	West side electric079020(wattmiser)	2001	1,362	136	10	136		409	5
6	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		1,231	6
7	Alden bennett construction (drive way improvement)	2001	1,206	80	15	80		194	7
8	T & T irrigation ( lawn sprinkler svstem)	2001	2,064	206	10	206		464	8
9	Alden bennett construction	2001	10,659	1,066	10	1,066		3,020	9
10	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		579	10
11	ABC-Pond, parking lot, and site improvements related to these	2001	692,957	27,718	25	27,718		83,155	11
12	Alden Bennett Constr.-Roof repairs	2002	2,041	408	5	408		646	12
13	CSI-Coker	2002	2,502	500	5	500		959	13
14	Alden Bennett Constr.-Misc repairs	2002	3,132	626	5	626		835	14
15	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		900	15
16	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324	865	5	865		865	16
17	Alden Bennett Constr (Misc. repairs)	2003	5,958	894	5	894		894	17
18	The Floor Source (Alden Design)(2nd flr-corridor carpet/public spa	2003	22,250	1,622	8	1,622		1,622	18
19	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289	357	5	357		357	19
20	C I Service (Alden Design) (2nd floor-corridor window treatments)	2003	20,667	861	8	861		861	20
21	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	236	8	236		236	21
22	Design Tex Group (upholsterv fabric for softcare seating)	2003	3,395	141	8	141		141	22
23	Controlled Irrigation (repair sprinkler system)	2003	2,137	142	5	142		142	23
24	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	18,727	156	10	156		156	24
25	A & B Custom Cable (cable installation)	2003	3,100	78	10	78		78	25
26	Alden Bennett Constr (roof repairs)	2003	14,030	468	10	468		468	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,253,189	\$ 61,008		\$ 61,008	\$	\$ 325,938	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,253,189	\$ 61,008		\$ 61,008		\$ 325,938	1
2	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2003	4,319	288	15	288		288	2
3	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	1,495	8	1,495		1,495	3
4	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	125	10	125		125	4
5	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	15,200	8	15,200		15,200	5
6	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	7,101	355	10	355		355	6
7	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDENT	2003	33,234	1,385	8	1,385		1,385	7
8	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	20,151	630	8	630		630	8
9	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	78,571	2,455	8	2,455		2,455	9
10	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	206,965	2,156	8	2,156		2,156	10
11	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	237	10	237		237	11
12	ALDEN BENNETT CONSTRUCTION (REMODELLING)	2002	17,828	1,783	10	1,783		1,783	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,895,044	\$ 87,117		\$ 87,117		\$ 352,047	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,895,044	\$ 87,117		\$ 87,117		\$ 352,047	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 1,966,771	\$ 89,394		\$ 89,394		\$ 404,869	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 294,298	\$ 29,229	\$ 29,229	\$	Various	\$ 182,645	71
72	Current Year Purchases	106,962	5,345	5,345		Various	5,345	72
73	Fully Depreciated Assets	59,975	1,670	1,670		Various	59,975	73
74								74
75	TOTALS	\$ 461,235	\$ 36,244	\$ 36,244	\$		\$ 247,965	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	:dodge/other	98-'03	\$ 11,860	\$ 2,052	\$ 2,052	\$	3	\$ 11,658	76
77										77
78										78
79										79
80	TOTALS			\$ 11,860	\$ 2,052	\$ 2,052	\$		\$ 11,658	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,439,866	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 127,689	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 127,689	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 664,491	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	\$	\$		86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: TL Enterprises

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		248	3/1/95	\$ 1,881,301	15 years	15	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,881,301			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease \_\_\_\_\_.

9. Option to Buy: ☒ YES ☐ NO Terms: purchase option/deposit \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 9,532 Description: copy machine lease + postage meter rental

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	transport-non-patients	various	\$ 145.17	\$ 1,742	17
18					18
19	related party-AMS	various	1,686.67	20,240	19
20					20
21	TOTAL		\$ 1,831.83	\$ 21,982	21

10. Effective dates of current rental agreement:

Beginning 3/1/95

Ending 3/1/10

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2004 \$ 1,881,301

13. /2005 \$ 1,881,301

14. /2006 \$ 1,881,301

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p>Skilled nurses on site</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility		2	3	4
		Drop-outs	Completed	Contract	Total	
1	Community College Tuition	\$	\$	\$	\$	
2	Books and Supplies					
3	Classroom Wages (a)					
4	Clinical Wages (b)					
5	In-House Trainer Wages (c)					
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS	\$	\$	\$	\$	
10	SUM OF line 9, col. 1 and 2 (e)	\$				

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
(c) For in-house training programs only. Do not include fringe benefits.  
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

**XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)**

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
					1	Licensed Occupational Therapist	39-3	hrs	\$		
2	Licensed Speech and Language Development Therapist	39-3	hrs			29,489				29,489	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs			168,090				168,090	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	See Page 16A	# of prescrpts				64,738			64,738	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								
10	Academic Education		hrs								10
11	Exceptional Care Program	39-1, 39-3			19,746					19,746	11
12											12
13	Other (specify):	See Page 16A					197,112			197,112	13
14	TOTAL			\$ 19,746		\$ 329,475	\$ 261,850		\$ 611,071	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.



		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$		1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>200,000</u> )	1,130,417		3
4	Supply Inventory (priced at _____)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,232		6
7	Other Prepaid Expenses	9,902		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	60,899		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,221,450	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,010,255		15
16	Equipment, at Historical Cost	335,660		16
17	Accumulated Depreciation (book methods)	(622,918)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	63,078		21
22	Other Long-Term Assets (spe <u>CIP-Land, Purchase C</u> )	761,828		22
23	Other(specify): _____			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 2,547,903	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 3,769,353	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,182,772	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	51,180		28
29	Short-Term Notes Payable	48,793		29
30	Accrued Salaries Payable	281,277		30
31	Accrued Taxes Payable (excluding real estate taxes)	15,981		31
32	Accrued Real Estate Taxes(Sch.IX-B)	108,700		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>accr ins, exps, idpa, sales tax, etc</u>	987,674		36
37	<u>Accounts Payable (owners or related parti</u>	5,807,537		37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 9,483,914	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	70,786		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	_____			43
44	_____			44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 70,786	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 9,554,700	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (5,785,347)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 3,769,353	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,051,432)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2001 cost report was	473,928	3
4	submitted. These have no effect on prior years report :		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (3,577,504)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,207,843)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (2,207,843)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (5,785,347)	24 *

\* This must agree with page 17, line 47.

**VII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1			
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,816,087	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,816,087	3
<b>B. Ancillary Revenue</b>			
4	Day Care	6,111	4
5	Other Care for Outpatients		5
6	Therapy	42,852	6
7	Oxygen	13,194	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 62,157	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,359	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	1,188	15
16	Rental of Facility Space		16
17	Sale of Drugs	6,693	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,035	19
20	Radiology and X-Ray		20
21	Other Medical Services	70,553	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 80,828	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	269	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 269	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Various - See Attached</b>	3,035	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,035	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,962,376	30

2			
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,374,870	31
32	Health Care	2,932,132	32
33	General Administration	1,924,230	33
<b>B. Capital Expense</b>			
34	Ownership	2,596,306	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	628,360	35
36	Provider Participation Fee	135,780	36
<b>D. Other Expenses (specify):</b>			
37	<b>Related Party Salary Allocations</b>		37
38	<b>located in Column I on pages 3 &amp; 4</b>	(421,459)	38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,170,219	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,207,843)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,207,843)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

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Facility Name &amp; ID Number Alden Long Grove Rehab &amp; HC Ctr

# 0040683

Report Period Beginning: 01/01/2003

Ending:

12/31/2003

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,534	2,578	\$ 77,738	\$ 30.15	1
2	Assistant Director of Nursing	2,024	2,024	63,521	31.38	2
3	Registered Nurses	27,791	29,676	809,559	27.28	3
4	Licensed Practical Nurses	16,794	17,592	439,545	24.99	4
5	Nurse Aides & Orderlies	72,360	76,314	906,999	11.89	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,328	2,451	34,584	14.11	8
9	Activity Director	736	800	6,727	8.41	9
10	Activity Assistants	4,110	4,433	47,883	10.80	10
11	Social Service Workers	2,558	2,561	37,076	14.48	11
12	Dietician					12
13	Food Service Supervisor	2,081	2,089	41,879	20.05	13
14	Head Cook	1,131	1,186	15,093	12.73	14
15	Cook Helpers/Assistants	29,208	30,670	229,822	7.49	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,168	38,090	17.57	17
18	Housekeepers	23,230	24,552	182,113	7.42	18
19	Laundry	5,456	5,818	37,923	6.52	19
20	Administrator	2,000	2,080	53,981	25.95	20
21	Assistant Administrator					21
22	Other Administrative	7,364	7,592	135,427	17.84	22
23	Office Manager					23
24	Clerical	3,424	3,522	39,440	11.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,979	3,011	89,684	29.79	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	380	395	4,460	11.29	31
32	Other Health C: Ward Clerk	1,175	1,175	13,536	11.52	32
33	Other(specify) <u>Alzheimers Aide, A</u>	4,803	5,071	58,877	11.61	33
34	TOTAL (lines 1 - 33)	216,546	227,758	\$ 3,363,957 *	\$ 14.77	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 6,600	1-3	35
36	Medical Director	Monthly	46,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,952	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	84	4,616	11-3	44
45	Social Service Consultant	24	1,326	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	108	\$ 64,993		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

**\*\*See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
 (See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	PLUMBING	9/95	\$ 2,766	3	\$	\$	\$	\$	\$	\$	\$	\$	
2	PAINTING,SMOKE DET	12/95	3,737	3-10	128	128	128	128	128	117			
3	PAINTING	1/96	2,369	3									
4	PAINTING	2/96	1,798	3	0								
5	PAINTING	3/96	1,844	3	0								
6	PAINTING	5/96	2,336	3	0	see page 22A for grand totals....							
7	PAINTING	4/96	12,094	3	0								
8	BOILER REPAIRS	5/96	2,100	3	0								
9	PAINTING	7/96	4,364	3	0								
10	PAINTING	6/96	2,141	3	0								
11	PAINTING	8/96	4,395	3	0								
12	PAINTING	9/96	1,606	3	0								
13	CHEMICAL FILTER	11/96	2,229	15	149	149	149	149	149	149	149	149	
14	PAINTING	12/96	2,331	3	0								
15	Install compressor(hvac)	6/97	4,125	3	573	0							
16	painting	6/97	35,000	3	4,861	0							
17	hvac/hot water sensor	6/97	2,322	3	323	0							
18	water chiller/hvac	7/97	1,800	3	300	0							
19	boiler controller/hvac	11/97	3,125	3	868	0							
20	TOTALS		\$ 92,482		\$ 7,202	\$ 277	\$ 277	\$ 277	\$ 277	\$ 266	\$ 149	\$ 149	\$ 149

Facility Name & ID Number Alden Nursing Center - Long Grove Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1		2		3		4		5		6		7		8		9		10		11		12		13	
	Improvement Type		Month & Year Improvement Was Made		Total Cost		Useful Life		Amount of Expense Amortized Per Year																
									FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008								
1	Climate Srv-repair pump		12/97		1,859	3	568	0																	
2	Custom Appl-a/c's		1/98		2,940	3	980	0																	
3	painting 1998		3/98		4,139	3	1,380	230	0																
4	painting 1998		6/98		5,582	3	1,861	776	0																
5	painting 1998		9/98		4,240	3	1,413	942	0																
6	painting 1998		12/98		3,014	3	1,005	921	0																
7	H.Scales-abt appliance		8/99		3,034	3	1,011	1,011	590																
8	CSI-flow switch/hvac		10/99		3,828	3	1,276	1,276	957	0															
9	Capps-sewer rodding		9/99		1,680	3	560	560	373	0															
10	CSI- hvac		12/99		2,482	3	827	827	758	0															
11	Painting>\$1,500 ytd 1999		7/99		13,288	3	4,429	4,429	2,215	0															
12	CAPPS PLUMBING (SEWAGE CLE		5/00		5,430	3	1,207	1,810	1,810	603	0														
13	VENDOR REC REVERSING				(2,482)	3																			
14	GT MECHANICAL (chiller circulatin		8/00		1,523	3	212	508	508	296	0														
15	WRITE OFF CUST MAPP ?				(2,940)	3																			
16	Alde Bennett Construction (time & m		12/00		21,314	3	592	7,105	7,105	6,512	0														
17	Painting>\$1,500 ytd 2000		7/00		8,699	3	1,450	2,900	2,900	1,450	0														
18	GT Mechan. (hvac repair)		2001		1,507	3		0	502	502	503	0													
19	Painting>\$1,500 for 2001		2001		2,048	3		341	683	683	341	0													
20	Sherwin Williams --Painting		1/02		9,990	3		3,330	3,330	3,330															
21	CSI -- Service Cleveland		2/02		6,313	3			579	2,104	2,104	1,526													
22	Totals from Page 22 . . .				92,482		7,202	277	277	277	277	277	277	277	277	277	277								
23	TOTALS			\$	189,969		25,972	23,913	22,586	15,756	6,555	1,803	277	277	277	277	277								

Facility Name & ID Number Alden Long Grove Rehab & HC Ctr

STATE OF ILLINOIS

# 0040683

Report Period Beginning: 01/01/2003

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Ending: 12/31/2003

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? yes  
If YES, give association name and amount. IL Healthcare Assoc \$11,880
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 31,658 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 135,780  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 30,989 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? n/a  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a  
**g. Does the facility transport residents to and from day training? no**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? yes  
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet completed
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes  
Attach invoices and a summary of services for all architect and appraisal fees.



Alden Nursing Center - Long Grove  
Reporting Period Beginning  
Reporting Period Ending

004-0683  
1/01/03  
12/31/03

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Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(30,989)	Employee Meal
	22	30,989	Employee Meal
22		(5,955)	Uniforms
	10	3,769	Uniforms
	6		Uniforms
	4	109	Uniforms
	1	1,195	Uniforms
	3	483	Uniforms
	11	110	Uniforms
	21	289	Uniforms
		(0)	Net should be 0